

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Tulsa</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>135</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>539</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____	(No. _____ St; _____ Ward)		
City of _____			
FULL NAME OF CHILD <u>Maria Luisa Provencio</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allive } NO	
Sex of Child <u>Female</u>	<u>Twins</u> or other _____ and _____	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>
Date of Birth <u>Nov. 19- 1922</u>	(Month) (Day) (Yr.)		
FATHER		MOTHER	
Full Name <u>Brando Provencio</u>	Full Maiden Name <u>Eusebio Martinez</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>40</u> (Years)	Color or Race <u>Mex.</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Juarez, Mexico</u>	Occupation <u>Miner</u>	Birthplace <u>Juarez, Mexico</u>	Occupation <u>Housewife</u>
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Nov. 19- 1922</u> at <u>5 A. M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>C. M. Cron M.D.</u>	(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191 _____		Address <u>Miami, Arizona</u>	
476-1119-549		Filed <u>11/30/22</u> 191	B. D. Hardy by C. E. Smith
COUNTY REGISTRAR.		Filed <u>12/8/22</u> 191	A True Copy <u>B. D. Hardy</u>
			LOCAL REGISTRAR.
			COUNTY REGISTRAR.